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## \*BIBDATASHEET\*

CONFIRMATION NO. 9200

Bib Data Sheet

|                             |                                       |              |                        |                                |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>09/771,299 | FILING DATE<br>01/25/2001<br><br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3739 | ATTORNEY<br>DOCKET NO.<br>C-11 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/182,751 02/16/2000  
 which is a CIP of 09/162,117 09/28/1998 PAT 6,117,109  
 which is a CIP of 08/977,845 11/25/1997 PAT 6,210,402  
 which is a CIP of 08/562,332 11/22/1995 PAT 6,024,733  
 This application 09/771,299  
 is a CIP of 09/041,934 03/13/1998 PAT 6,391,025  
 which is a CIP of 08/990,374 12/15/1997 PAT 6,109,268  
 which is a CIP of 08/485,219 06/07/1995 PAT 5,697,281  
 which is a CIP of PCT/US94/05168 05/10/1994  
 which is a CIP of 08/059,681 05/10/1993 ABN  
 which is a CON of 60/062,996 10/23/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/02/2001

|                                 |  |          |         |        |             |
|---------------------------------|--|----------|---------|--------|-------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged       | Allowance<br><i>[Signature]</i><br>Examiner's Signature  | CA       | 41      | 71     | 6           |

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|   |  |  |
|---|--|--|
| TITLE   |  |  |
| Systems and methods for electrosurgical dissection and harvesting of tissue |  |  |
| FILING FEE  | FEES: Authority has been given in Paper    | <input type="checkbox"/> All Fees                              |
|   | No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
| RECEIVED  | No. _____ for following:                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
| 934   |  | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|   |  | <input type="checkbox"/> Other _____                           |
|   |  | <input type="checkbox"/> Credit                                |